

Community Support Training 101

September/October 2013



Community Support/Extended Day Treatment Comparison

This Chart reflects all Extended Day Treatment descriptions from the Clinical Bulletin "[Clinical-23](#)" and only those new Key Service Functions for community support that may resemble EDT. There may be instances where CS Key Functions are repeated. This means that the CSS descriptions fall in more than one area as they relate to EDT.

Extended Day Treatment (Taken from ADA Clinical Bulletin #23)	Community Support Key Service Functions (Taken from Key Service Functions #1-25)	Comments
3.3.1 Evaluation of the consumer's physical condition and the need for detoxification services	NA- Not addressed in CS key service functions	This service is only allowable for EDT staff.
3.2.2 Obtaining initial patient medical histories and taking vital signs;	NA- Not addressed in CS key service functions	This service is only allowable for EDT staff.
3.2.3 Monitoring health status during social setting detoxification;	NA- Not addressed in CS key service functions	This service is only allowable for EDT staff.
3.2.4 Monitoring general health needs and meeting with consumers about medical concerns;	19. Developing and supporting wellness and recovery goals in collaboration with the individual, family and/or medical professionals, including healthy lifestyle changes such as healthy eating, physical activity and tobacco prevention and cessation; and coordination and monitoring of physical health and chronic disease management.	Similar with regards to monitoring; however, a CSS would not provide direct-care medical services as would a nurse. The CSS would obtain the information or guidance from reliable medical sources, i.e. professional medical literature and medical professionals regarding what/how the monitoring of physical health/chronic disease management should be conducted. The CSS can then relay the medical and/or health information to the individual and their treatment team.
3.2.5 Disease prevention, risk reduction and reproductive health education	19. Developing and supporting wellness and recovery goals in collaboration with the individual, family and/or medical professionals, including healthy lifestyle changes such as healthy eating, physical activity and tobacco prevention/ cessation; and coordination and monitoring of physical health and chronic disease management.	A CSS service would include developing/supporting wellness by also providing education regarding disease prevention activities. Therefore, providing educational materials to a person to promote wellness and recovery is appropriate by both the CSS and the EDT provider.

Extended Day Treatment (Taken from ADA Clinical Bulletin #23)	Community Support Key Service Functions (Taken from Key Service Functions #1-25)	Comments
3.2.6 Triaging medical conditions that occur during treatment and managing medical emergencies;	NA- Not addressed in CS key service functions	This service is only allowable for EDT staff.
3.2.7 Conferring with a physician as necessary or advocating for medical services through managed care organizations;	16. Make efforts to ensure that individuals gain and maintain access to necessary rehabilitative services, general entitlement benefits, employment, housing, schools, legal services, wellness or other services; by actively assisting individuals to apply and follow up on applications; and to gain skills in independently accessing needed services.	It would be appropriate for a CSS to advocate for medical services as the CSS Key Service Function #16 identifies.
3.2.8 Arranging or monitoring special dietary needs for medical conditions	16. Make efforts to ensure that individuals gain and maintain access to necessary rehabilitative services, general entitlement benefits, employment, housing, schools, legal services, wellness or other services; by actively assisting individuals to apply and follow up on applications; and to gain skills in independently accessing needed services.	Although these functions seem similar, A nurse could actually arrange for/make the referral to a dietician or directly work with a consumer in setting up a special diet plan. The CSS's role would not be making the medical decision to refer to a dietician, rather the CSS would help see that the medical professional's, in this case a nurse, arrangements were followed through or help the consumer gain access to the dietician and ensure appropriate service is delivered accordingly.
3.2.9 Reviewing medication requirements with consumer, educating the consumer about the benefits of taking medications as prescribed, and monitoring medication compliance;	12. Provide information and education in order to learn about and manage mental illness/serious emotional disturbance and/or substance use disorders including symptoms, triggers and cravings, and reinforce the importance of taking medications as prescribed, while facilitating the persons' served communication with prescribers as needed. 14. Building skills for effective illness self-management including psycho-education, behavioral tailoring for medication adherence, wellness/recovery planning, coping skills training, and social skills training.	Very similar functions. These are appropriate services to be delivered by either the CSS or the EDT staff. However, this service should not be duplicated by these two staff. The treatment plan should identify who will be providing the interventions for this service. If the staff person and intervention is not clearly prescribed in the treatment plan, the service would be subject to recoupment; if the service is duplicated by both staff, it would be subject to recoupment.

Extended Day Treatment (Taken from ADA Clinical Bulletin #23)	Community Support Key Service Functions (Taken from Key Service Functions #1-25)	Comments
3.2.10 Educating consumers about the medication(s) prescribed to them;	12. Provide information and education in order to learn about and manage mental illness/serious emotional disturbance and/or substance use disorders including symptoms, triggers and cravings, and reinforce the importance of taking medications as prescribed, while facilitating the persons' served communication with prescribers as needed.	Although our key functions do not state this directly, it may be appropriate that a CSS would be able to relay information, provided by their physician or nurse about their medications, to the consumers. However, looking up information about medications is not billable unless you are with the consumer and assisting them in locating this information.
3.2.11 Consulting with the physician or pharmacy to confirm medications prescribed;	Not addressed in CS key service functions	Although not specifically listed as a CSS function in the key service functions, a CSS may be contacting a physician or pharmacist to verify the medications that have been prescribed to ensure that they are correct for a consumer.
3.2.12 Consulting with consumers on use of over-the-counter medications and monitoring their use;	Not addressed in CS key service functions	Although not specifically listed as a CSS function in the key service functions, a CSS also may talk with a consumer about over-the-counter medication use and monitoring their use per a physician's order/recommendation by nurse...etc.
3.2.13 Therapeutic injection of medication (subcutaneous or intramuscular);	NA- Not addressed in CS key service functions	This service is only allowable for appropriately qualified (e.g., IV certified, EDT staff.
3.2.14 Monitoring lab levels including consultation with physicians, consumers, and clinical staff;	NA- Not addressed in CS key service functions	This service is only allowable for EDT staff.
3.2.15 Coordination of medication needs with pharmacies, clients, and families, including the use of indigent drug programs;	17. Ensuring communication and coordination with and between other interested parties such as service providers, medical professionals, referral sources, employers, schools, child welfare, courts, probation/parole, landlords, and natural supports.	For these, the word "coordination" is the key word. Nursing staff have more authority to make medication recommendations or call in physician's orders, for example. A CSS could work with a consumer and the pharmacy to coordinate needed information on the consumer's insurance, if for example, the pharmacy had questions that the consumer couldn't answer. A more similar role between these two providers would be assisting the consumer with financial resources for obtaining medications. In such instances, the delivery of this service by a CSS could be appropriate.

Extended Day Treatment (Taken from ADA Clinical Bulletin #23)	Community Support Key Service Functions (Taken from Key Service Functions #1-25)	Comments
3.2.16 Monitoring medication side-effects including the use of standardized evaluations;	NA- Not addressed in CS key service functions	It would be appropriate for the CSS staff to be educated by the medical staff or other available resources on medication side effects and be able to educate or reiterate to the consumer the information from the medical professionals about these side effects, as well as report back to the medical professionals. Administering screenings for evaluations is dependent upon the requirements of the instrument or DMH policy.
3.2.17 Monitoring physician orders for treatment modifications requiring patient education.	NA- Not addressed in CS key service functions.	This service is only allowable for EDT staff. The CSS staff would not be monitoring the physician's orders for modifications; however, it would be appropriate for a CSS to ensure the consumer understands a change was made, monitor the consumer's adherence to the orders, obtain needed educational materials or communicate with the physician on the consumer's behalf if needed.
Not included in bulletin for EDT	18. Ensuring follow through with recommended medical care, to include scheduling appointments, finding financial resources and arranging transportation when individuals are unable to perform these tasks independently.	Although not specifically listed for EDT, portions of this CSS function could be acceptable for EDT and therefore would overlap for both CSS/EDT staff. A nurse could also assist a consumer with scheduling appointments, providing information about financial resources and transportation; however, a nurse would not be the appropriate staff to ensure recommended medical care is followed, setting up the transportation or contacting the financial resourcesthese tasks would more appropriately be delivered by a CSS.